

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 1
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE			FEC IDENTIFICATION NUMBER ▼ C C00075820		
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="float: right;"> <div style="border: 1px solid black; padding: 2px; margin: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; margin: 2px;">08 / 27 / 2014</div> </div>					
Full Name of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; margin: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; margin: 2px;">08 / 27 / 2014</div>		
Mailing Address 815 SLATERS LANE			Amount <div style="border: 1px solid black; padding: 2px; margin: 2px;">108750.00</div>		
City ALEXANDRIA		State VA	Zip Code 22314		Transaction ID : SE24-0.041879
Purpose of Expenditure MEDIA		Category/Type		Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; margin: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; margin: 2px;">08 / 27 / 2014</div>	
Name of Federal Candidate GWEN GRAHAM			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL		
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; margin: 2px;">332709.26</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; margin: 2px;">M M / D D / Y Y Y Y Y Y</div>		
Mailing Address			Amount <div style="border: 1px solid black; padding: 2px; margin: 2px;"></div>		
City		State	Zip Code		Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; margin: 2px;">M M / D D / Y Y Y Y Y Y</div>
Purpose of Expenditure		Category/Type		<div style="border: 1px solid black; padding: 2px; margin: 2px;"></div>	
Name of Federal Candidate			<input type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; margin: 2px;"></div> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; margin: 2px;">108750.00</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="border: 1px solid black; padding: 2px; margin: 2px;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; margin: 2px;">108750.00</div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Keith A. Davis</u> <div style="text-align: center;">[Electronically Filed]</div>			Date <div style="border: 1px solid black; padding: 2px; margin: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; margin: 2px;">08 / 28 / 2014</div>		